Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/21/2010	Address:	309 W Monroe
Case #:	35F30924		Chandfer, In
County:	<u>Warri</u> ck		
		Seizure Location (check all that apply)	
☑ Operation☑ Chemics☑ Dumpsi	al/Glassware/Equipment (only)	□ Residence □ Outbuilding □ Vehicle	☐ Tlotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Armmonia Reaction(s): Garage			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Bedroom			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Bedroom/garage			
Corrosive Acid: <u>Bedroom</u>			
Corrosive Base: Bedroom/garage			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephodrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Departr	ment: <u>Chandler VFD</u>	- ·	
Health Department: Warrick County		Fax: <u>812-89</u> Fax: <u>N/A</u>	77-6104
Child Protection Service; N/A			
For further information regarding this methamphetamine laboratory, contact linvestigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.